

**Issue Classification**

XXXXXXXXXXXXXXXXXX  
(Assistant Examiner) (Date)

W5-14

**WILLIAM M. TREAT**  
(Primary Examiner) (Date)

**PRIMARY EXAMINER**

**Total Claims Allowed: 10**

(Legal Instruments Examiner) (Date)

O.G.  
Print Claim(s)

O.G.  
Print Fig.

1

2

☒ Claims renumbered in the same order as presented by applicant☐ CPA☐ T.D.

□ R.1.47